DOCUMENT RESUME

ED 415 330 UD 032 112

AUTHOR Iscoe, Louise

TITLE The Health Clinic. School of the Future: Houston.
INSTITUTION Texas Univ., Austin. Hogg Foundation for Mental Health.
PUB DATE 1995-00-00
NOTE 30p.; For related documents, see UD 032 108-115.
AVAILABLE FROM The Hogg Foundation for Mental Health, c/o Publications Office, The University of Texas, P.O. Box 7998, Austin, TX 78713-7998; phone: 512-471-5041; fax: 512-471-9608.
PUB TYPE Reports - Descriptive (141)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Child Health; Community Involvement; Comprehensive School Health Education; Counseling; *Delivery Systems; Elementary Education; Elementary Schools; *Integrated Services; Junior High Schools; Middle Schools; Program Development; Program Evaluation; Program Implementation; *School Health Services; School Nurses; *Urban Schools
IDENTIFIERS Hogg Foundation for Mental Health TX; *Houston Independent School District TX; School Based Services; *School of the Future (Hogg Foundation); Texas (Houston)

ABSTRACT

The Hogg Foundation for Mental Health created the School of the Future (SoF) project to enable selected Texas schools to coordinate and implement school-based social and health services on their campuses and to demonstrate the effectiveness of this method of service delivery by evaluating the project. SoF operated in four urban sites in Texas, developing services for a middle school and one or two feeder schools in Austin, Dallas, Houston, and San Antonio. A variety of services were made available through SoF funding and programming. The report, part of a series highlighting a key program at each of the sites, describes the development and operation of the Hogg Middle School health clinic, the first such facility in Houston on a middle school campus. The many steps that were taken in establishing the clinic, the many agencies and people involved, and the daily operation of the clinic are described. The clinic grew out of the recognition that there is a causal connection between education and health. The school principal, leaders of community agencies, particularly the Community Partners agency of the Urban Affairs Corporation, the school district, and the SoF coordinator came together to establish the clinic in a portable building on the school grounds. Treatment of minor illnesses and injuries, immunizations and other preventive medicine, and counseling and health education services are all provided. After less than 2 years, the clinic has become an accepted and welcomed service of the middle school, providing an example of the sorts of services SoF can provide. (SLD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 415 330

THE HEALTH CLINIC

HOUSTON

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

Wayne H. Holtzman
Hogg Foundation

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

BEST COPY AVAILABLE

THE HEALTH CLINIC

SCHOOL OF THE FUTURE

HOUSTON

Louise Iscoe

Hogg Foundation for Mental Health
The University of Texas at Austin
Austin, Texas 78713-7998

1995

PREFACE

The middle school years tend to be a turbulent time. While maturing physically, young adolescents often lag in emotional development; many who were once compliant elementary school students have a difficult time adjusting to the changing schedule and demands of their new level of education. These problems are exacerbated in low income, predominantly minority neighborhoods, and the site of the Houston School of the Future project, adjacent to downtown in an area beset with high drug use, violence, and gang-related activities, is no exception.

These were the reasons, along with the findings of a needs assessment of the neighborhood, that the Houston School of the Future focused first on mental health services, creating special support teams and bringing counseling and other forms of support to the project's three schools.

Because we know that education, mental health, and physical health are related, we next focused on general health services, which we considered especially needed for preteens and young teenagers if we were to optimize our students' chances for academic success. And we quickly learned that it takes not only time and funding but also the concerted efforts of many dedicated persons to bring health services to a middle school campus.

We are gratified to report that now the Hogg Middle School health clinic is open, the first such facility in Houston located on a middle school campus. The story of how we developed the clinic, from a gleam in the eyes of the key players to a fully staffed center where students come for help, is an informative one. It covers the many steps that were followed and the many agencies and people who were involved. Perhaps even more important, it describes how cooperation and collaboration can make possible even the most difficult project.

Alfredo Tijerina
Coordinator
School of the Future, Houston

INTRODUCTION

In Summer 1990, the Hogg Foundation for Mental Health created the School of the Future. Like a number of programs, this innovative project is designed to enhance the lives of children in poverty and their families, in this case by providing an integrated array of health and human services that use the schools as the centers for service delivery. Unlike most programs, however, it has a longitudinal evaluation component built in to document the project's process and outcomes so that it can provide the accountability necessary for determining the most effective methods of helping young Texans.

Four years of this five-year project have been completed. In these years, each site has integrated a number of different programs on its campuses to meet the particular needs of its community. Although it is too early to determine the long-range benefits of these projects, it is not too early to describe some of the key programs at each site and show the impact they are having in the development of the School of the Future as well as on the children and families they serve.

That is the purpose of this report. It is the second in a four-part series that will highlight a key program at each of the project sites—Austin, Dallas, Houston, and San Antonio. The programs described were selected by the coordinator at each site for their unique aspects as well as the crucial roles they have played in the development of the School of the Future in the given community.

The first report focused on San Antonio and its exemplary Parent Volunteer Program. This report tells about Dallas and its unique base for providing services—a former shopping mall that has been transformed into a youth and family center that houses two elementary schools and a variety of health and human services. It describes how services were selected for the center, contracts were negotiated, and renovations were made. It also explains how agencies coordinate their efforts, working together to share everything from space to information.

Hogg Foundation funding for the School of the Future project will conclude in the summer of 1995. However, the future of the project in Dallas is secure. In 1994 it was picked up by the Dallas Independent School District and renamed the School of the Future Youth and Family Impact Center. Under this banner it will continue to provide an array of health and social services for neighborhood children and their families as well as serve as the model for other centers that the district plans to develop throughout the city.

Wayne H. Holtzman
Special Counsel, Hogg Foundation for Mental Health

BEST COPY AVAILABLE

Jostling and laughing, shoving and shouting, the young teenagers burst through the doorway and down the walk to the portables, two small, barracks-like buildings on the grounds of Houston's Hogg Middle School. Most turned to the left, noisily filling the classroom where they would soon settle down for an hour of math. Only one, walking quietly, turned to the right and entered the other portable. She was hurting and frightened and, clutching a permit slip, she had come to the school's health clinic for help.

The young girl probably neither knew nor cared that the clinic is the only one in Houston located on a middle school campus, nor would she be aware that it would not be there if it were not for the dreams and efforts of some dedicated people. The story of how this clinic came to be exemplifies a positive new direction in health care as well as in education for today's youth.

THE BACKGROUND

Traditionally, schools have been the setting for education, welfare agencies for social services, and clinics and hospitals for health care. Increasingly, however, professionals in these areas have been recognizing the interrelatedness of health, education, and social services and the potential of schools as a base for coordinating these services to meet the needs of children and families.

A three-year study on the mental health of children and youth, conducted in the late 1980s by the Hogg Foundation for Mental Health, bore out this concept in theory but not in practice. The Foundation then took the next step: to support a program of coordinated school-based services and to determine its impact on the population it was designed to serve. Thus, the School of the Future project was born.

The School of the Future (SoF) began in 1990. A demonstration project, it was designed to implement health and human services, both treatment and prevention, in selected public schools in four pilot sites—Austin, Dallas, Houston, and San Antonio. An integral part of the project was an evaluation component to test both the process and the outcome of the SoF. Although specific programs were expected to differ, as determined by the populations and needs in each community, all of the sites were to incorporate some essential features: parent involvement, the inclusion of community organizations as partners, a strong commitment by administrators at both the district and school levels, and a willingness to participate in the project's evaluation. The sites also shared some common elements, among them low-income, predominantly minority populations and low academic ratings in the schools.

These commonalities are apparent at the Houston site. Located in "the Heights," an area adjacent to downtown that is predominantly Hispanic, the area suffers the problems that tend to accompany poverty—poor housing, large families, high drug use, poor health,

violence, and crime. The SoF project schools in Houston, which are located two or three miles from one another, include Brock and Memorial elementary schools and the campus that their graduates attend, Hogg Middle School.

Mental health has been a major focus of the Houston School of the Future, and the programs brought together by the site coordinator bear this out. An interdisciplinary social service support team provides substance abuse prevention, intervention services, and educational support at each of the SoF schools, and the Family Service Center provides a counselor who offers group sessions, individual counseling, and home visits to middle school students. MECA (Multicultural Education and Counseling Through the Arts) teaches creative performing arts as a means of building competence and self-esteem and works closely with Family Service Center therapists, referring youngsters in need of mental health services. Other programs include parenting classes for Hispanic families, a federally funded Even Start program, mentoring programs, and a parent volunteer program.

Bringing physical health services to the site was another matter. Though the need was acknowledged and a health clinic had been in the coordinator's plans from the beginning, it took extensive time, effort, and funding to make it a reality.

How the Clinic Came to Be

The development of school-based clinics grew out of the recognition that there is a causal connection between education and health—that substance abuse, early pregnancy, and depression relate closely to low academic achievement, absenteeism, and dropping out of school. Communities that exhibit a high teen pregnancy rate generally have high rates of other unmet medical needs along with low rates of educational success.

8

The first school-based clinic to open in Texas was in a West Dallas high school in 1970.[1] The movement grew slowly throughout the next 15 years, then expanded rapidly in the mid-1980s with the infusion of a multimillion dollar grant program from the Robert Wood Johnson Foundation. Today, some 500 clinics are located in elementary, middle, and high schools throughout the country.[2]

THE KEY PLAYERS

At the School. When Armando Alaniz became principal at Hogg Middle School in 1992, he noticed that absenteeism was a major problem. For many youths, it was chronic; for others, lack of required immunizations kept them from attending school for days at a time. "There's more to learning than drill," contends Alaniz. "For kids to learn, they must be healthy and happy. Kids need people to care for them. It's Maslow's Hierarchy: if children are hungry and hurting, they won't want to learn." Alaniz recognized that many children in his school had little recourse to medical attention for either acute or chronic problems, and he felt strongly that a health clinic, along with the mental health counseling that already was in place, would provide a total support package for his students.

In the Community. Urban Affairs Corporation, doing business as Community Partners, is a private nonprofit agency that has been providing low-cost, high quality social and health care services to low-income Houston families for more than 20 years. With the success of its adolescent health care center at H.P. Carter Career Center, a Houston Independent School District (HISD) alternative high school, Community Partners Executive Director Donna Bryant was ready to expand. She approached the Fondren Foundation about the possibility of obtaining funding for satellite school-based clinics, and they agreed. With a guarantee of funding, Community Partners issued a Request-for Proposals (RFP) for starting two new health clinics in the district's schools.

In the HISD. Harriet Arvey, HISD Assistant Superintendent for Student Services and liaison to the School of the Future, was the cata-

lyst. Recognizing that a health clinic fit into the School of the Future design, she informed SoF Coordinator Alfredo Tijerina and Principal Alaniz at Hogg Middle School of the new RFP and urged them to submit a proposal.

At the School of the Future. Alfredo Tijerina was in complete accord. As SoF coordinator, he had been responsible for bringing a comprehensive group of services to the site's schools, and from the beginning he had been looking for a feasible way to include health care. The inclusion of a health clinic seemed to fit nicely into the site's plan.

THE FIRST STEPS

Getting approval was the first step. In addition to approval of the major agencies involved, especially the HISD and the city, sanction from the community was essential.

When Principal Alaniz received the RFP, he first went to the community. He met and spoke to members of the Heights Association, an influential neighborhood group, and explained in down-to-earth terms how a health clinic not only would improve student health but also would help prevent future health problems, two factors that were important for improving the students' potential for learning. He told them he needed their cooperation, and they gave it, backing it with a strong letter of support to accompany the proposal. He spoke to his school faculty, first to those whom he knew would be in favor of a clinic, then convincing the others and gaining the support of all. He spoke to an organization that represents many of the churches in the school's neighborhood. "Local folks attend these churches," he points out. "They sponsor soccer teams and an undenominational club after school; they want to help our kids." He did not make speeches but talked to individuals, keeping it low key and keeping them informed. And he spoke to parents, reaching them primarily through the school's Parent Teacher Organization, a small but active group, and he gained their support, as well.

Alaniz plays down the time and effort it took to obtain this essential support. "I've had a passion for this for a long time," he says.

Meanwhile, after reading the proposals received in response to the RFP, Community Partners Director Donna Bryant interviewed the principals at the prospective school sites. "The principal and school nurse can make or break a clinic," according to Bryant. "If the principal likes what you're doing and is supportive, it filters down to the staff." After talking to Alaniz, she knew that he would provide that support.

Tijerina, meanwhile, filled his role well, keeping the various groups and players informed, making sure deadlines were met and paperwork completed, seeking needed funding, and coordinating the many different elements comprised in the development of a school-based health clinic.

THE START-UP PHASE

When it came to building the clinic, the three major players exemplified collaboration at its best. The HISD provided the space, the Family Service Center gave the funds for fitting it out, and Community Partners took over the management, handling equipment, supplies, and staff. Despite their willingness to cooperate, however, this was neither simple nor quick to do. Following is a look at what took place from the initial steps in the summer of 1992 until the clinic opened one year later.

• Space. Initially, the Houston Independent School District offered a large room in the middle school to serve as the clinic. A former lab, it was equipped with water lines that were essential for a health center. However, this second-floor space had no fire escape, and engineers determined that installing one would be both difficult and costly. After spending considerable time trying to work out the details, the project developers scotched that effort and took a different approach. Obtaining city and HISD approval—also a time-consuming effort but this time a successful one—and with the ongoing and active support of the principal, they ultimately obtained the use of a portable building and moved it onto the school grounds.

• Fitting out the space. From the beginning, the Family Service Center (FSC) said that it would provide funds to fit out the portable, but only after the key players proved their commitment and a building and basic resources were in place. When FSC first made the offer, it was receiving substantial funding from the United Way of Texas-Gulf Coast. However, problems within that funding agency forced it to cut back, leaving FSC with a $16,000 commitment and no discretionary funds to fulfill its pledge. Through a fund-raising campaign of its own—and with substantial help from the Heights Association and its president, Jerri Workman, who also serves as chair of the SoF Executive Board, and from SoF Coordinator Tijerina—the center raised the requisite $16,000 to fit out the building with central heating and air conditioning, room partitions, sinks, a bathroom, and storage space. Until these funds were in hand, however, the clinic could not be completed.

• Equipment, supplies, and staff. Community Partners provides the equipment and is responsible for supplies and staff on an ongoing basis.

• Beyond the major contributors, help came from unexpected sources. Two people volunteered their time, one drawing plans for the building, the other supervising construction.

INSIDE THE CLINIC'S DOORS

THE MANAGEMENT

Community Partners operates three school-based adolescent health care clinics in Houston—the main one at the H.P. Carter Career Center, an alternative high school, and satellites at Hogg Middle School and Sterling High School. A brochure explains the mission of the clinics to the students they are designed to serve:

> The Clinics are a new idea in health care and counseling. They're designed only for young people enrolled in the Houston Independent School District and attending targeted HISD schools. If you're married, single, playing sports, have children of your own, need health care or someone to talk to, come to one of the Clinics. At the Clinics you'll find young doctors and nurses and counselors you can talk to and trust. Medical care and social services are also available.
>
> The Clinic is here to help you. It's up to you to take advantage of it.

The agency is responsible for hiring staff, coordinating medical services, filling supplies, obtaining new equipment as warranted, and making sure that the clinic is running smoothly and carrying out its mission. To do this, the Community Partners' director monitors the facility on a regular basis. She works closely with her agency's board of directors, which provides oversight for the clinic and makes all policy decisions. She also works closely with SoF Coordinator Tijerina, representatives from the HISD administration, the school principal and nurse, and the institutions that provide medical support. This cooperation and the coordination of efforts is essential to the clinic's effectiveness.

Initial three-year funding was provided by a grant to Community Partners from the Fondren Foundation. Additional funds are generated by Medicaid reimbursement, which in 1993-94 accounted for only $55,000 for all three clinics run by the agency, and by special fundraisers such as the annual Father of the Year Luncheon, held to raise funds to cover costs not covered by current grants.

THE FACILITY

The clinic occupies half of a double portable building just behind the main building at Hogg Middle School. The space is small. The door opens into a waiting room, which occupies about half the total area.

Furnishings are minimal and include a few chairs and a table. Some health-related posters decorate the walls, and flyers in English and Spanish on health-related issues are placed around the room.

Directly opposite the doorway is the social worker's office, with a window that enables her to see who enters the clinic as well who is in the waiting room. Across the room are two small examining rooms, a laboratory which doubles as a place to talk confidentially, and a bathroom. Apart from limited space, the building seems to function adequately and, although nondescript, is not unpleasant.

There is a system, as the brochure says, for "taking advantage" of the services offered. Students can be referred by a number of persons: the school nurse, teachers, administrators and staff, parents, students, and other medical or social services. The procedure for most referrals—athletic physicals, minor acute illnesses, immunizations, and counseling—is to go through the school nurse. She is not on the clinic staff but is an employee of the school district; legislation mandates that all schools in the HISD employ a nurse on staff. Typically, a student will come to the school nurse's office in the main building and relate his or her problem. If it is something that can be handled in this office, the nurse takes care of it; otherwise, she fills out a form indicating why the student should see a doctor. She then sets up an appointment and gives the appointment card to the student. Making students responsible for their appointments is a means of encouraging them to become responsible for their own medical care.

In some instances, a teacher will bring a student to the clinic, and some students come on their own. Whatever the way in which students reach the clinic, parental permission is required before they can be served. The school nurse tries to get all parents to sign a consent form good for three years when their children first attend Hogg. Some parents, however, don't get around to it so they must be contacted and their consent obtained at the time their sons or daughters need medical attention. For family planning, pregnancy tests, and HIV counseling and testing, students may come directly to the clinic. These are the only cases in which parental permission is not required.

ONE MORNING'S HEALTH CARE

THE SCHOOL NURSE'S OFFICE

She was young, frightened, and in pain. When she heard her name called, she walked through the small, crowded waiting room and into the school nurse's office. Her eyes grew wide as the nurse unwound the gauze wrapped around her finger, cut and bruised from when she'd smashed it in a doorway the previous day. The nurse was asking questions she couldn't answer; the few words she'd learned in English were forgotten in the stress of the moment.

Then a girl appeared at her side—a student who served as an aide during homeroom period—and began speaking to her softly in Spanish. On cue from the nurse, she sought essential information. "Did you bring your signed consent form?" the aide asked in Spanish. Then, gently probing, "Did you give your mother the form? Did you tell her about your finger?" There was no need to translate back into English; the nurse understood the answers and quickly realized that for whatever reason—she lost the form, the girl said; then, "I forgot it"— the shy young girl did not have the signed form that she needed in order to get medical attention from the Hogg Middle School health clinic.

With her limited Spanish and the help of the aide, the nurse persevered. After further questioning she understood that the girl's mother was at home and that it would be all right to call her and ask her to come to school to give permission for her daughter to see the doctor. Carefully bandaging the sore finger, the nurse handed the phone to the girl. "Why don't you call her now," she suggested. "Then we can get you to the clinic to get that finger taken care of."

Turning toward the packed waiting room, the nurse signaled the next student to come in. A boy walked in smiling, paper in hand.

BEST COPY AVAILABLE

"You brought your shot record with you! Good," said the nurse. "Now you can go to the clinic for your immunization."

One after another, the students came in. The causes—and questions—varied. One had a note saying that she might have a heart condition. Asked about her symptoms, the teenager said she was short of breath. After checking her pulse and finding no cause for alarm, the nurse suggested that the girl go into the adjoining room and rest on one of the cots. "I'll talk to you just as soon as I can," she said. Another had been to the clinic before and wanted to return. She hesitated about giving a reason. Then, quietly, so only the nurse could hear, the student said she wanted to get birth control; she had an infant at home and didn't want another. The nurse gave her a referral slip and sent her on to the clinic, assured that the girl would get the counseling she needed, as well. Next was a boy who complained of his stomach hurting. "Do you have stomach aches often?" the nurse asked. "No," came the reply. "When did you last see a doctor?" "I don't remember." Without further questioning, the nurse wrote a slip referring the boy to the clinic physician.

A trio entered—a teenager followed by a young woman and a little boy. "I'm three years old," the child announced to everyone present, immediately brightening the atmosphere. While he showed some of the students his paper crown, the teenager talked to the nurse about a rash on her leg and, after it was checked out, got a card for an appointment that morning at the clinic. "I live with my aunt and she wants to go with me to see the doctor," the girl said, pointing to the woman with the little boy. "Is that OK?" Assured that it was, the trio left, the youngster running ahead on their way to the clinic.

The waiting room thinned out as other students, one by one, came in to ask questions, get medications, bring in forms that had been signed and forms to fill out. When the waiting area emptied, the nurse walked to the adjoining room to check on the girl who was concerned she might have heart trouble. She would talk to her, assess her problem. It seemed more likely that her shortness of breath was caused by anxiety, but if it seemed warranted, the nurse would write her a referral for the clinic.

BEST COPY AVAILABLE

Many of the problems the school nurse saw that morning could be handled immediately. Others, however, required a physician's attention, and Nurse Cooper was aware that most of these students would not receive that attention until their problems reached emergency status. She was grateful that, with the new health clinic on campus, qualified medical care was readily available.

THE CLINIC

In the portable building behind the main building at Hogg Middle School, the health clinic waiting room was full but quiet. A girl sat by the table carefully putting on her makeup; a boy kept opening and closing his notebook. Most just sat, some fidgeting, others seemingly lost in thought. A middle-aged man and woman stood together stolidly near the door. No one spoke.

Then the clinic door burst open and the trio from the school nurse's office came in. The little boy, happy to have a new audience, bounced around the room, telling everyone that it was his birthday. On cue, he held up three fingers to show his age; the students smiled in response. The teenager and the social worker spoke together softly. The requisite papers were filled out, and the girl joined her aunt and the irrepressible little boy.

The man and woman, still standing, looked up whenever the door to one of the examining rooms opened. They had come to school as quickly as they could when their daughter had called from the nurse's office. They had not been inside the school before and were ill at ease in the unfamiliar surroundings, but they were worried about their child and were there for her, to give her support and love.

The boy who had been sent for his immunizations came out first. Now, immunization certification in hand, he could attend his classes. Another youth followed. When the coach had told him he would need a physical examination when he joined the team, he had

BEST COPY AVAILABLE

been worried. He had never had a physical before. But the young doctor had been friendly and reassuring, and it hadn't been as difficult as he had expected. What's more, except for the admonition to eat fewer junk foods and to get more sleep, the doctor had pronounced him in fine health. Relieved and more sure of himself now that his physical exam was completed, he stopped on his way out to reassure a teammate in the waiting room that "it was no big deal."

The young girl seeking birth control was feeling better, too. She wished the clinic had been there the year before; perhaps she might have listened to the counselor and even taken her advice. At least she could do that now, and she could encourage her friends to take advantage of these services. Being able to step into the clinic on campus to get family planning was so much easier—and more likely for her and her friends to do—than having to go to an agency away from the schoolgrounds.

One by one the other students were seen, each checking with the social worker to obtain the needed paper work before returning to class. Finally the young girl appeared, her bandaged finger held awkwardly before her. The doctor, a pediatric intern from the UT-Health Science Center, walked over to the parents and smiled. "La herida es profunda, pero no es grave," the doctor said. Her Spanish was limited but adequate for telling them that the girl had a bad cut but she would be all right. She told them how to care for the wound, then turned to the girl. "I want you to come back next week," she told her. "The social worker—the lady you spoke to when you first came in—will give you an appointment card and a slip so you can return to your class."

The parents were relieved and grateful for the doctor's attention. "Muy agradacida por su asistencia," they said, thanking her. They waited for their daughter to complete the paperwork, then walked with her out of the clinic. The pediatric intern waved, then checked the social worker's intake list and called out the next name. In response, the girl with the leg rash stood up, and the doctor turned her attention toward her next patient.

BEST COPY AVAILABLE

The clinic at Hogg Middle School is open Tuesdays and Thursdays during school hours and a couple of hours on Fridays. The other two-and-one-half days of the school week, the staff runs the satellite clinic at Sterling High School. This alternate schedule was selected to minimize the amount of travel time that would be needed if each clinic were open half-time every day.

THE STAFF

A Pediatric Nurse Practitioner, licensed vocational nurse, and social worker comprise the full-time professional staff of the Hogg health clinic.

The clinic medical director is William L. Risser, M.D., Director of the Division of Adolescent Medicine, Department of Pediatrics, at the University of Texas Health Science Center at Houston. Since 1981 he has served as medical director for Community Partners' clinics. His concern for teenagers and the amount of time he devotes to their care is almost legendary. In addition, medical residents in the Department of Pediatrics rotate through the clinic weekly, conducting physicals and providing minor acute care on alternate days at the Hogg and Sterling clinics. The City of Houston Health Department provides vaccines for the clinic.

Psychological counseling is not routinely available at the middle school, but the psychologist who serves at Sterling High sees Hogg students in times of crisis. However, all but the most serious and immediate problems can be handled by the Family Service Center counselor at Hogg who shares the portable building with the clinic.

SERVING THE STUDENTS

Minor acute illnesses—flu, earaches, sore throats, conjunctivitis—bring the largest number of students to the clinic. Of the 1,080 visits

made from August through May in the 1993-94 academic year, 512 (about 50 percent) were for minor acute illnesses, 292 (almost 30 percent) for immunizations, and 166 (15 percent) for sports physicals. Family planning, pregnancy testing, and sexually transmitted diseases accounted for the remaining five percent. At the two high school clinics, the service priorities were reversed, with the largest number coming for family planning, followed by sports physicals and minor acute illnesses.

It is worth noting that the reason a student gives for coming to the clinic often indicates only the primary cause. It does not reflect the numerous services that are likely to be provided for other problems that come to light during a clinic visit.

Males and females used the clinic almost equally that first year—293 and 284, respectively—and of these a large majority (485) were Hispanic, reflecting the school's population. Some 60 blacks, 30 Anglos, and 2 "other" also visited the health clinic.

What statistics do not show is that the clinic provides far more than primary care. "It deals with cases not unearthed elsewhere," points out Alfredo Tijerina. Sports physicals are proving an important diagnostic tool, a good way to pick up health-related problems and deficiencies. Through examinations for football and basketball players, for example, physicians have discovered vision problems, tooth abscesses, heart murmurs, diabetes, otitis media, and orthopedic problems which could then be attended to, preventing greater problems down the line.

The football team itself provides a classic example. At the time the clinic opened, the Hogg team had not won a game in several years. No one could find a reason for this dismal record, no one, that is, until the clinic started providing physicals for the team members. It was then that doctors discovered that a large number were suffering from iron deficiency and poor nutrition. This led to a program of proper nutrition for team members, which in turn led to healthier and more physically fit players. Although the before-and-after con-

nection is not a clear one, the result is worth noting: Hogg Middle School made the district's football playoff the following year.

Some 57 students visited the clinic for counseling in the 1993-94 academic year. Because the incidence of depression among teenagers increasingly is being recognized, a standardized scale to measure depression is administered routinely for students who come for help. Another service they provide is listening. Some youngsters, afraid to talk to anyone else, will open up to the nurse practitioner at the health clinic if they perceive a problem as physical. Problems involving sexual or physical abuse by a parent and concerns about family planning are cases in point. "Of course they come for things like immunizations and lice treatment," says a clinic staff member, "but these kids also come because they want unconditional love. I tell them: 'if you want to talk, if you want to cry, come here. It's a safe place. No one has to know.' And they know that nothing they say will go any farther. Their files stay closed till they come back."

In addition to providing primary care, clinic staff conduct outreach and educational activities in the school. It is essential for the clinic to be visible to the students and faculty. To publicize it, the nurse practitioner and the school nurse together talk to the classes early in the school year, informing students about the availability and nature of services offered and encouraging these youngsters to take advantage of them. During the year the staff also talks to groups of students about health care and nutrition, explaining how a healthy lifestyle can prevent problems and lead to a more productive life.

One thing the clinic does not handle is emergency care. Staff can do cardiopulmonary resuscitation and stabilize a patient, but they lack X-ray machines and other equipment essential for emergency treatment. For head traumas and other emergencies that are brought to them, clinic staff call 911, then care for the patient until EMS arrives. Also, laboratory work is not handled in-house but is sent to outside labs at no charge to the patients.

HEALTH CARE—AND MORE

Free immunizations and physicals are obvious advantages of having a health clinic on campus, especially in a low-income area; so is the availability and accessibility of immediate care for minor illnesses and accidents and for counseling for students in distress. HISD policy assures that services be provided without charge and that every student who comes in with a parent consent form must be served; federal law mandates confidentiality. As Dr. Risser points out, "It's accessible and acceptable; kids can just walk in. And it's strictly confidential."

The experience at Hogg Middle School corresponds to the findings of national studies, which show that school-based clinics break down the traditional barriers to adolescent health care such as concerns over confidentiality, lack of transportation, inconvenient appointment times, costs, lack of insurance coverage, and general apprehension or disinterest among adolescents about discussing personal health problems.[3] The clinic at Hogg Middle School does these things and more.

Jerri Workman of the Heights Association and School of the Future Executive Board worked as a volunteer at the clinic for awhile just to see how it was serving the students. She gave the students forms and helped them fill them out; she saw pediatric interns and the director of adolescent medicine give their time and their skills; and in addition to seeing students come in clutching their referral forms, she saw teachers bring youngsters in by the hand because they were concerned about them and wanted to make sure they got help.

She observed students getting shots and other routine medical care that they might not have received otherwise. And she saw more. Workman tells about the young teenager who, day after day, kept falling asleep in class. When a teacher brought the girl in to see what could be done, the nurse talked to her first. The questions were conversational and simple. "Tell me what time you go to sleep at night," the nurse asked. "Two or three a.m.," the girl responded. "What do

you eat for dinner?" "Candy," was the response. "And for breakfast?" "Nothing." The staff quickly realized that this young girl needed more than a B-12 shot. That would help in the short term, but beyond that she—and her family—needed a re-education program and continuing reinforcement to encourage her to improve her health and lifestyle and, in turn, her academic potential. She was able to get this help at the clinic. What Workman saw was how a clinic on campus, where a student could come frequently for help and support, could accomplish so much more than a one-time visit to the city health department.

Polly Cooper, the school nurse for 21 years, finds that the clinic makes her work more rewarding despite the fact that it doubles her paperwork. "I can send students over right away for immunizations," she points out. "Otherwise they would miss school until their parents got around to taking them. And now when I identify a problem, I can be sure that the child will be seen by a doctor. Formerly all I could do was tell the parent, who might or might not follow through with a visit to a physician." She also notes the value of screening in picking up problems that otherwise might go undetected until too late.

Cooper credits better health care at least in part with improved attendance and better academic achievement at Hogg Middle School. She points to records indicating that in the clinic's first year on campus, the percentage of students passing the Texas Assessment of Academic Skills (TAAS) tests increased from 18 to 30 percent. While neither this fact nor the increased attendance can be attributed directly to clinic services, Cooper is convinced that better health played a role in these improvements, and she can give examples to validate her point. Among them: a teacher complained about a boy who asked to be excused to go to the bathroom often during class. His actions seemed suspicious; the teacher assumed he was up to no good. From a physical exam, however, the clinic found that the boy had parasites, a problem which could be solved readily. In a short time, not only was the boy's health improved, but also he became more attentive and interested in class.

Another advantage of the clinic is that the mental health counselor is right next door. For several years Mary Helen Sosa, the Family Service Center school-based counselor, had maintained her office on the second floor of Hogg Middle School, first with an HISD dropout prevention program, then with the School of the Future project. When the portable was decided upon as the home for the health clinic, Sosa and the SoF coordinator recognized the value of moving counseling services into the building's other half so that students could benefit from coordinated physical and mental health services. Now when students are in need of specialized help and are referred from the clinic to the counselor, or vice versa, they need only walk next door. An added advantage is that, until the clinic was able to employ a bilingual staff member, Ms. Sosa could be called upon as a translator.

Problems—and Overcoming Them

A school-based health clinic requires more than a building, equipment, and staff. By its very nature—it is a relatively new concept and, for some, a controversial one—it calls for community collaboration, cooperation, and broad-based support. The Hogg clinic faced problems and barriers common to these new ventures, preventing some before they arose and resolving others as they occurred.

One potential problem is lack of community support. Aware of this, those involved in developing the Hogg clinic approached this need up front. Instrumental in this effort were Prinicipal Armando Alaniz, a frequent and impassioned speaker to a variety of community groups; Assistant Superintendent Harriet Arvey, who worked behind the scenes to gain essential school district support; SoF Coordinator Alfredo Tijerina, responsible for coordinating the various persons and organizations involved as well as "selling" the project to the community; and Heights Association President Jerri Workman, whose willing and knowledgable fund-raising efforts brought forth the required dollars that enabled the clinic to open its doors.

"A lot has to do with how you present an idea, how you handle it," according to Alaniz. He speaks of a high school in Houston that had been virtually ready to open a clinic but had had it "shot down by the parents" because they were worried about family planning. "The planners sidestepped the community," he points out. "The community was told, 'you need this.' They weren't asked first."

Another potential problem, the relationship between the school nurse and clinic staff, was worked out before the clinic opened by clarifying roles and responsibilities. As a result, the school nurse is not threatened by this new facility. In fact, she realizes that she plays a vital role in student health care and that the clinic actually makes her work more rewarding.

Other problems call more for patience than action. For example:
- Large bureaucracies tend to move slowly, and the HISD is no exception. Priorities and regulations within the district caused delays in the clinic's early stages, some significant, others seemingly unimportant. Among the former, for example, was the need to change the originally offered clinic site, not for health-related considerations but due to the cost of a fire escape. Among the latter: it took three months to get telephones because of bureaucratic barriers.
- Although Community Partners is an independent, nonprofit agency with a federal mandate, it must conform to HISD policy while it is on school grounds. Having to abide by the policies of another organization sometimes causes dissension.
- Houston obtained a new school superintendent in 1994. Changes in administration imply potential changes in priorities and methods which could have an impact on current innovative efforts.

But the most pressing problem encountered by the clinic since it opened concerns staff. The Pediatric Nurse Practitioner selected to manage and staff the clinic was a long-time administrator in the Houston school district. With degrees in both education and nursing, she possessed the ideal blend of knowledge and experience in both the schools and the medical profession to direct the facility. A competent administrator, she also had an understanding of young teenagers and was able to communicate with them and obtain their confidence.

After only a few months, however, she was called away by illness in her family and, after using more than two months of sick leave accumulated with the HISD, she submitted her resignation. This was a blow to the clinic and to Community Partners, which had developed a contract with the HISD to employ her and therefore was responsible for remunerating the school district for her time. The agency could not hire a replacement until she resigned officially.

Though problems arose after the nurse practitioner left, they did not interfere with the provision of services. The clinic nurse and the social worker were on staff full time, and they did their best to see that the students were cared for promptly and well. Pediatric faculty and residents from the University of Texas Health Science Center at Houston continued to come twice a week to do screening and physicals. Despite the difficulty in hiring someone to replace the nurse practitioner—Pediatric Nurse Practitioners are in short supply not only in Houston but also nationwide and, according to Bryant, many prefer hospital work or teaching to the demanding and lower paid work in the schools—services at the clinic continued uninterrupted.

Another nurse practitioner was hired in early 1995. New staff are on hand to work with her, forming a multiracial team that includes a social worker who is Hispanic and bilingual. Having a staff member who can translate for students and their parents when needed, rather than having to rely on the Family Service Center counselor for this task, will strengthen the clinic's ability to serve.

"HERE TO HELP YOU"

After less than two years, the clinic has become an accepted and welcomed service of Hogg Middle School. Principal Alaniz is grateful that it is there and beginning to meet some of the recognized needs. Although he was active in getting it started, now that it is up and running, "I try to stay out of it," he says. He is responsible for main-

taining the building, making sure that clinic staff and the school nurse work cooperatively together, providing office supplies, and assuring access to students. When problems arise, such as they did after the clinic manager left, he works them out with Donna Bryant at Community Partners. He relies on Bryant to make sure the clinic is properly managed, and he has had to call her only once since it opened almost two years ago. As he says, "We want to have a good, well-run facility. We don't want to have to close the clinic down because we made a mistake."

The staff works together as a team. "We have teamwork," notes the nurse. "Without it, the project wouldn't work." She also knows that you have to build trust, to know how to talk to the young people on their level. The new staff is working to build this trust, and the students are responding.

At Community Partners, Bryant says they will continue "to monitor carefully." The agency has a good track record, starting with the clinic at H.P. Carter and now with the satellites at Hogg and Sterling. It is continuing to expand and, in cooperation with several Texas Medical Center Institutions and private foundations in Houston, plans to open a new clinic at Rusk Elementary where, in addition to prevention and treatment, it will offer a health curriculum throughout the grades. Despite these expansion plans, Bryant recognizes that bigger is not necessarily better, and that quality, not quantity, is what counts. She will continue to keep close tabs on the middle school clinic.

SoF Coordinator Tijerina will assist Bryant in that effort. His role is that of trouble-shooter. He helps publicize the clinic, letting people know that health services are available. He seeks funding. He meets a variety of needs as they arise: addressing gaps, monitoring problems, working with partners, and making presentations to update people on what the clinic is doing.

In his ongoing efforts to bring needed services to the Houston School of the Future, Tijerina will continue to monitor and assess the clinic and seek ways to increase its impact. He, along with the other key

players, recognizes that the Hogg clinic has some limitations. In fact, with one exception, these limitations mirror those found in other school-based clinics throughout the country:

- Services are not available to youths not in school.
- When parent consent is lacking, clinic personnel may need to make decisions about what to do with students who need attention.
- A limited budget does not allow for home visits, which are a way to involve parents in working with their children on health issues.
- The space is small, barely adequate to handle cases on a busy day and inadequate for meeting the need for privacy.[4]

Tijerina, with the full support of Principal Alaniz, is seeking ways to overcome these limitations. For starters, he would like to have services made available daily as well as opened to young teenagers in the neighborhood who are not enrolled in school.

A big difference between the Hogg clinic and other school-based clinics is that most clinics do not operate during summer vacation and school holidays, while the Hogg Middle School health clinic and the other clinics operated by Community Partners are open year round. Except for a few major holidays, they remain open whether or not school is in session.

Meanwhile, Tijerina is working to bring other health services into the School of the Future. Progress to date includes Even Start, a parenting program that provides complete physicals for children from birth to age seven to assess health as well as developmental delay. This program serves children throughout the catchment area, which includes Memorial and Brock elementary schools, both SoF sites.

Goals and Commitments

The mission of the Hogg Middle School is "to provide all students the opportunity to develop to their fullest potential intellectually, emotionally, physically, socially, and culturally."

This, too, is the goal of the School of the Future. It seeks to prevent some of today's common problems—drug abuse, school dropouts, teen pregnancy—from arising by intervening early. This can be achieved by providing and coordinating programs on school campuses that improve mental and physical health, build self-esteem, encourage parents to help their children and themselves, and establish patterns of success.

The Hogg Middle School health clinic, in coordination with other social services on campus, is going a long way toward fulfilling this mission and meeting these goals.

---

[1]Dryfoos, J. and Klerman, L. "School-Based Clinics: Their Role in Helping Students Meet the 1990 Objectives." *Health Education Quarterly*, Vol. 15(1), Spring 1988.
[2]"School-Based Clinics Gaining Greater Acceptance Across U.S." *The Nation's Health*, November 1993.
[3]Paltrey, J.S. and McGaughey, M.J. "Financing Health Services in School-Based Clinics. *J. of Adolescent Health*, 1991, 12:233-239.
[4]Dryfoos, J. and Klerman, L. "School-Based Clinics: Their Role in Helping Students Meet the 1990 Objectives."